therefore, ideally, the response to any treatment should be compared with the long term outcome in that particular abnormality.

CONCLUSION

Our study, in agreement with previous observations, suggests that long term bosentan treatment is safe, well tolerated, and effective in patients with pulmonary hypertension related to CHD. Careful patient management is recommended in the current monitoring schedule and flowchart for modifying the dosing schedule in cases of increased liver function tests or significant side effects (that is, leg oedema). This is especially relevant in patients with Eisenmenger physiology who usually have multiorgan involvement, and thus may be at greater risk for liver or other organ dysfunction.[15] Our safety experience is consistent with the results of the controlled clinical trials[8 14] and the wide experience from the bosentan post-marketing surveillance database, in which a large number of patients with PAH-CHD are included.[30] A recent larger multicentre, randomised, double blind, placebo controlled study with bosentan in patients with Eisenmenger syndrome confirms these results.[17]

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